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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <i>09 842361</i>	Filing Date					
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)						
<i>2/24/05</i>						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
10							51					
11							52					
12							53					
13							54					
14							55					
15							56					
16							57					
17							58					
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27							68					
28							69					
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30							71					
31		<i>35</i>					72					
32							73					
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37							78					
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39							80					
40							81					
41							82					
42							83					
43							84					
44							85					
45							86					
46							87					
47							88					
48							89					
49							90					
50							91					
Total Indep	1						92					
Total Depend	70						93					
Total Claims	71						94					

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)	
<i>224.00</i>							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
4							
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9							
10		I					
11		I					
12		I					
13		I					
14		I					
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19		I					
20		I					
21		I					
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26		I					
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28		I					
29		I					
30		I					
31		I					
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33		I					
34		I					
35		I					
36		I					
37		I					
38		I					
39		I					
40		I					
41		I					
42		I					
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45							
46							
47							
48							
49							
50							
Total Indep	1						
Total Depend	<i>35</i>						
Total Claims							

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